File with:



IMPORTANT: Indicate by # type (1) Statewide/Legislative/Judge:	of committee you are reporting/for: 5 Standing for Retention Candidate (2)State PAC (3)State Party 5)County Candidate (6)City Candidate (7)School Board or Ot ty PAC (9)City PAC (10)School Board or Other Political Subd	ther Political livision PAC (FORM DR-2 Rev. 07/2007) DISCLOSURE REPORT OF OFFICE Use Only comm. # conned computer
Office Sought Sheriff	District (if Senate of Muscathul		udited
SIGNATURE OF PERSON FI	the state of the s	4493 _	10/16/08 DATE SIGNED
	cher 19, 2008 REPORT FOR (1)	ELECTION /(2)NON	-ELECTION YEAR.
CHECK IF AMENDMENT	TO REPORT DATED	Local Cor	nmittees, enter Date of Election
Check if this is final (terming) (You must continue)	nation) report and attach Notice of Dissolution Form DR-3 to file reports until a DR-3 is filed.)		Local Committees, enter County in cition is held MUSCATUC
STATE	MENT OF CASH ON HAND		
	nning of the reporting period. (Total of all funds held by the nount MUST be the same as the cash on hand at the end period or must be zero if this is first report filed.)		2,849.26
ADD TOTAL MONI Schedule A: Cash Schedule F: Loans	EY TAKEN IN THIS PERIOD Contributions total (Attach Schedule A) (*also see in-kind Received total (Attach Schedule F)	below)	3 550 00
Schedule H: Total	Sales of Campaign Property (Attach Schedule H) H applies to Candidates' Committees Only)	3-TOTAL	6,399.26
Schedule B: Exper	L MONEY SPENT THIS PERIOD Inditures total (Attach Schedule B) (**also see debts and id Repayments total (Attach Schedule F)		3,673.37
	of this reporting period (if final report balance must be zer		<u> </u>
*IN KIND CONTRIBUTIONS **OUTSTANDING LOANS (edule D - Attach Schedule D)	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$ <u></u>
CONSULTANT BREAKDON CANDIDATE COMMITTEES		•	

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year. For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Friends of C.J. Ryaw

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
⁸ /21/08	ID#	Doug Reist 1516 Isett Avr. Mustative IA 52761		\$250∞	
8/39/08	ID#	I. Maurene Failor 2310 Imperial Oaks Muscatin UA 52761		500°0	
8/29/08	CK#	Edward Factor 2310 Imperial Oaks Musication JA 52761		500°°	
8/29/08	ID# CK#	R. Breg Orr 2455 Bobwhite Dr. Musatin SA 52761		10000	
8/29/08	ID# CK#	Paul Elshoff P.O. Box 211 Brandien AN 53752		1500°°	
10/9/08	ID# CK#	D.W. Coffman 2012 Drocky Ave. Muscatin UA 52761		10000	
10/9/08	ID# CK#	Avolyth D. Orr. 2455 Bobwhite Dr. Muscathe SA 52761		400 00	
10/9/08	ID#	LOIS Irwin 1988 Geneva Hills Rd. Muscative SA 52761		50°º	
10/9/08	ID# CK#	Carolyn Williams 2234 Fareway # 105 Musatine DA 55761		5000	
10/9/08	ID# CK#	Richard Phillips 35 Colony for. Musicher JA 52761		50°	
			SUB-TOTAL	\$ 3500.00	

TOTAL (if last page of this schedule)

Page __/. of ______

Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instruct	ions, See	Back of	Form
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Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

COMMITTEE NAME (ML	ist be same	as on Stateme	nt of Organization)	
Friends	2	CJ	Ryan	
1 1 1 1 2 1 2 2 3	UT	$C \cdot C$	rque	

SCHEDULE

A
(Rev. 07/03)

CHECK THIS BOX IF
AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10/9/08	ID# CK#	Melissa Bailey 1604-Devitl Are. Muscative SA 52761		\$5000	
	ID# CK#				
	ID#				
	ID#				
	CK#				
	ID#				
	CK#				
	CK#		SUB-TOTAL	s	

TOTAL (if last page of this schedule)

Page 2 of 3

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

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Y	-		e i e			÷

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK AND ACCUSE FOR THE PACHE CANDRAGN PICE SOCIETY FOR THE PACHE PACH ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE		same as on Statement of Organization)		
Frie	ends of	f C.J. Ryan		ALIOUNA
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS/TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
7/24/08	ID# CK#	Of Printing 2610 Park Ave. muscatur DA 52761	Campaign supplies	\$ 978.22
7/24/08	ID# CK#	CJ Ryan 3152-15546 St. muscatus SA 52761	Pampaign Supplies	413.91
9/29/08	ID# CK#	Victory Enterprises 5200 SW 30 m St. Dawnport JA 52802	Campaign Signs	738.94
10/14/08	ID# CK#	CJ Ryan 3152-155451 Muscatine SA 52761	Campaign reuspaper ads.	493.60
10/14/08	ID# CK#	Muscatine Journal 301 E 3rd Muscatine AL 52761	compares and .	350.70
10/14/08	ID# CK#	CJ Ryan 3152-1554 St. Muscatin JA 53761	Campaign radio ads.	708.00
	ID#			
	СК#			
	ID#			
	CK#			
			SUB-TOTAL	\$

THIS BOX	APPLIES	TO	CANDIDATES'	COMMIT	TEES	ONLY:
IIIIO DOA	<i></i>					

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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Page _		of	

TOTAL (if last page of this schedule)

FOR INSTRUC	TIONS, SEE BACK OF FORM	E IN-KIND			
COMMITTEE	NAME (Must be same as on Statement of Organiza	ation)			ONTRIBUTIONS
tries	nds of C.J. Ryan	\sim		CHECK T	HIS BOX IF
	O	_		AMENDIN	
				<u></u>	
DATE		RELATIONSHIP	DESCRIPTION	ESTIMATED	√ IF FOR
RECEIVED	NAME AND ADDRESS OF CONTRIBUTOR	TO CANDIDATE * (if applicable)	OF IN KIND CONTRIBUTION	FAIR MARKET VALUE	FUND-RAISER CONTRIBUTION
7/.	CJ Ryan	Self	parade	110 71	
10/08	CJ Ryan- 3152.1554 54 Musratin IA 55761 CJ Ryan 3152-1554 54 Musratin IA 52761	JE17-	parade Candy Parade Candy	118.21	
7/ ,	CJ Ryan		Darade	<i>C</i> 10	
124/08	3152- 155 4 5+ Musication JA 52761	Self	candy	56.18	
			3		
<u></u>			SUB-TOTAL	\$	
			TOTAL (if last	<u> </u>	4
			page of this	174,39	
			schedule)	117171	, 나
*Disclosure la	w requires candidates to disclose the relationship of	f any relative making a	n in kind contribution to the	he Page	of(for Schedule E)

"Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.